



CANADIAN MUSICAL REPRODUCTION RIGHTS AGENCY LTD.
 AGENCE CANADIENNE DES DROITS DE REPRODUCTION MUSICAUX LTÉE

Advice of Canadian Release

Please use this form to provide information regarding the recordings you wish CMRRA to license on your behalf. Fields marked * are **mandatory**. All other fields are optional and should be completed where applicable. Areas in grey are for CMRRA office use only. **NOTE: The use of this form is not mandatory – you are at liberty to provide CMRRA with this information in a different format.** If you choose to use this form, please complete a separate form for each song /recording. If you have any questions about this form, please refer to the enclosed instructions or call CMRRA's Membership Services Department.

A. Publisher Information		
*Name:		PUB #
Contact Person:		
*Address:	Email:	
*City:	*Phone:	
*Province/State:	Fax:	
*Country:	*Postal Code/ZIP:	
B. Musical Work		
*Song Title:		PUB #
a.k.a.:		
*Composer(s):		
Arranger(s):		
*Publisher Name and Share:	%	PUB #
_____	_____	_____
_____	_____	_____
_____	_____	_____
C. Recording		
*Record Company Name:		PUB #
Contact Person:		
*Address:	Email:	
*City:	*Phone:	
*Province/State:	Fax:	
*Country:	*Postal Code/ZIP:	
*Artist:		
<input type="checkbox"/> Vocal Version <input type="checkbox"/> Instrumental Version <input type="checkbox"/> Used in a Medley		
*Album Title:		
Release Date:	Running Time: _____ Min. _____ Sec.	
Contrivance: _____ Catalogue No. : _____		
CD _____ Digital _____		
Other: _____		
D. PUBLISHER SIGNATURE		
*Signed: _____		*Date: _____